

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/17/2015
NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT QUINCY			STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET QUINCY, IL 62301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	<p>Initial Comments</p> <p>Original investigation of complaints 1524947/IL79999 and 1524952/IL80005</p> <p>The Illinois Veterans' Home at Quincy is in compliance with the Illinois Veterans' Home Code (77 Illinois Administrative Code 340) for this survey.</p>	S 000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE